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FACSIMILE MESSAGE

TO FACSIMILE NO.: (703) 872-9306
ATTENTION: Examiner Marc S. Zimmer
FROM: Douglas J. Sorocco
SUBJECT: Application No. 10/706,551
Applicants: Karl W. Terry and Bryan S. Lembo
Filed: 11/12/2003
TC/Au: 1712 (Conf. No. 6905)
TITLE: Composition for Providing an Abrasion
Resistant Coating on a Substrate with
A Matched Refractive Index and
Controlled Tintability
Docket No. 7124.024
Customer No. 30589

DATE: May 24, 2005

PAGES: 11 plus this transmittal page.

Call (405) 607-8600 if you should have any questions regarding this transmittal.

MESSAGE:

Please see attached documents.

DJS/nfn

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PTO/SB/21 (09-04)

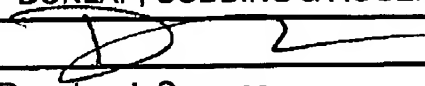
Approved for use through 07/31/2006. OMB 0651-0031

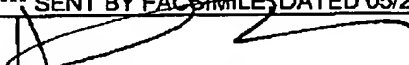
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/706,551
	Filing Date	11/12/2003
	First Named Inventor	Karl W. Terry and Bryan S. Lembo
	Art Unit	1712
	Examiner Name	M.S. Zimmer
Total Number of Pages in This Submission	Attorney Docket Number	7124.024

ENCLOSURES <small>(Check all that apply)</small>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation of POA, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Transmittal Form (1 page); 2. Fee Transmittal (1 page); 3. Fee Determination Record (1 page); 4. Credit Card Payment Form (1 page); 5. Amendment and Response (3 pages); and 6. Terminal Disclaimer (4 pages)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DUNLAP, CODDING & ROGERS, P.C.		
Signature			
Printed name	Douglas J. Sorocco		
Date	5.24.05	Reg. No.	43,145

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: SENT BY FACSIMILE DATED 05/24/2005	
Signature	
Typed or printed name	Douglas J. Sorocco
Date	5.24.05

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) **130.00****Complete If Known**

Application Number	10/706,551
Filing Date	11/12/2003
First Named Inventor	Karl W. Terry and Bryan S. Lembo
Examiner Name	M.S. Zimmer
Art Unit	1712
Attorney Docket No.	7124.024

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	0.00	= 0.00			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	0.00	= 0.00			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 = (round up to a whole number) x		0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Fees for filing Terminal Disclaimer.

Fees Paid (\$)
0.00
130.00

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

43,145

Telephone

405-607-8600

Name (Print/Type)

Douglas J. Sorocco

Date

5.24.05

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